

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	<i>[Signature]</i>	535	07-05-01
RESPONSE FORMALITY REVIEW	<i>[Signature]</i>	852	10-26-01

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 (Through numeral)..... Canceled A Appeal
 - Restricted O Objected

Claim	Final	Original	Date
1	✓	✓	8/6/02
2	✓	✓	10/26/02
3	✓	✓	10/26/02
4	✓	✓	10/26/02
5	✓	✓	10/26/02
6	✓	✓	10/26/02
7	✓	✓	10/26/02
8	✓	✓	10/26/02
9	✓	✓	10/26/02
10	✓	✓	10/26/02
11	✓	✓	10/26/02
12	✓	✓	10/26/02
13	✓	✓	10/26/02
14	✓	✓	10/26/02
15	✓	✓	10/26/02
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46	✓	✓	10/26/02
47	✓	✓	10/26/02
48	✓	✓	10/26/02
49	✓	✓	10/26/02
50	✓	✓	10/26/02

Claim	Final	Original	Date
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Claim	Final	Original	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
 staple additional sheet here

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535
 10/26